

Statement of Future Gifts



Donor Name

Date of Birth

Spouse/Partner Name (If Joint Gift)

Date of Birth

Donor Address

Email Address

NEW GIFT
 UPDATE TO PREVIOUSLY DOCUMENTED GIFT

Gift Information

I/we have made provision to benefit Sentara Martha Jefferson Hospital as follows:

- Outright bequest payable upon my death (or surviving spouse's/partner's) directly to Sentara Martha Jefferson Hospital.
- Provision in will of surviving spouse/partner payable to Sentara Martha Jefferson Hospital.
- Beneficiary designee of a life insurance policy, IRA, pension plan, 401(k) or 403(b).
- Testamentary trust established at death, naming Sentara Martha Jefferson Hospital as the beneficiary.
- Other: _____

Please attach a copy of the relevant language from your estate documents or other documentation confirming Sentara Martha Jefferson Hospital has been designated as the beneficiary.

The estimated current value of my/our future gift to the hospital is \$ _____. However, it is understood that future fluctuations/changes to the market/economy may have an impact on this value.

Please direct the proceeds from my/our future gift as follows:

- Unrestricted gift to Sentara Martha Jefferson Hospital – where need is greatest at our local hospital.
- To benefit an existing fund. Fund Name: _____
- To create a new fund. (If you wish to create a new fund, please contact the Martha Jefferson Hospital Foundation to confirm that your gift meets our gift acceptance policies and to create a Planned Gift Agreement, the document which outlines criteria for use of the gift.)

Donor Recognition Preferences

All donors of future gifts become members of the Rucker Society. To ensure your recognition preferences are honored, please select one of the options below:

- The Hospital/Foundation has my permission to publish my/our name(s) along with other Rucker Society members in the Hospital/Foundation donor listings as appropriate. Please publish my/our name(s) as follows: _____

(No value will be printed or released without permission.)

- Please do not publish my/our name(s) in the annual Rucker Society donor listings.

Benefits of membership in the Rucker Society include, but are not limited to, presidential acknowledgment, a Society welcome packet, and invitations to exclusive events. Please select one of the options below:

- I/we would be pleased to accept the benefits of membership in the Rucker Society.
- I/we do not wish to receive the benefits of membership in the Rucker Society.

I/we would like to designate the following individual(s) as successor recipient(s) of any information relating to my/our gift:

Name: _____ Address: _____ Relation: _____

Name: _____ Address: _____ Relation: _____

THANK YOU
For supporting
Sentara Martha
Jefferson Hospital

DONOR SIGNATURE: _____ DATE: _____

DONOR SIGNATURE: _____ DATE: _____

Please return this form to the Martha Jefferson Hospital Foundation:
500 Martha Jefferson Drive • Charlottesville, VA 22911 • Fax: 434.654.7316